

LONG-TERM OUTCOMES OF PATIENTS WITH OBSCURE GASTROINTESTINAL BLEEDING AFTER NEGATIVE CAPSULE ENDOSCOPY

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A retrospective study of 461 patients with obscure gastrointestinal bleeding and negative capsule endoscopy findings found that patients with P1 lesions (less likely to bleed) had significantly higher small-bowel rebleeding rates than those with P0 lesions (no bleeding potential).

KEY POINTS

- Among 461 patients with OGIB and negative small-bowel capsule endoscopy classified as P0 or P1, small-bowel rebleeding occurred in 0.9% of P0 patients versus 6.6% of P1 patients over a median follow-up of 654 days ($P = 0.002$).
- Multivariate analysis identified P1 capsule endoscopy findings (HR = 10.000, 95% CI: 2.154-46.438) and post-endoscopic treatment of small-bowel lesions (HR = 13.028, 95% CI: 4.448-38.160) as independent predictors of small-bowel rebleeding.
- Patients with P1 findings had significantly higher rates of liver cirrhosis (33% versus 15%) and diabetes mellitus (28% versus 16%) compared to P0 patients.
- The authors suggest that patients with P1 findings or those who received endoscopic treatment of small-bowel lesions may require careful follow-up due to rebleeding risk.
- This material is relevant to gastroenterologists managing patients with obscure gastrointestinal bleeding and interpreting capsule endoscopy results.

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